

Survey Date

HOME HEALTH FUNCTIONAL ASSESSMENT INSTRUMENT: MODULE B

Patient HI Claim No.

ACTIVITIES OF DAILY LIVING (as appropriate) ADLs							INSTRUMENTAL ACTIVITIES OF DAILY LIVING (as appropriate) IADLs						
ACTIVITY	Needs No Assistance	Needs Some Assistance/ is Helped by Person	Unable to do	Improved	Unchanged	Deteriorated	* Needs More Help yes no	ACTIVITY	Needs No Assistance	Needs Some Assistance/ is Helped by Person	Unable to do	* Needs More Help yes no	SURVEYOR INSTRUCTIONS
B1. Eating								B7. Prepare Light Meals	RR HV				SURVEYOR INSTRUCTIONS Complete module only if the admitting or secondary diagnosis(es) directly affect the patient's potential to meet his/her ADLs or IADLs, or the HHA's planning and care for the patient. SURVEYOR NOTES: (continue on back of module)
At Admission								B8. Prepare Full Meals	RR HV				
Record Review								B9. Light Housekeeping	RR HV				
Home Visit								B10. Personal Laundry	RR HV				
B2. Transferring								B11. Handling Money	RR HV				
At Admission								B12. Using Telephone	RR HV				
Record Review													
Home Visit													
B3. Dressing													
At Admission													
Record Review													
Home Visit													
B4. Bathing													
At Admission													
Record Review													
Home Visit													
B5. Toileting													
At Admission													
Record Review													
Home Visit													
B6. Ambulation													
At Admission													
Record Review													
Home Visit													
*SURVEYOR NOTE													
*If "yes," does medical record document planning to provide additional help? Please explain in Surveyor Notes.													
Form CMS-1515B(6/90)													